



1st Year of Pilot – Clinic Success, Challenges & Lessons Learned

Successes

- Development of a resource directory accessible to our patients on our website
- Added clinic hours for increased patient access to care
- Daily Huddles
- Centralized Scheduling/ reminder re-call system.
- Improved communication between departments
- Implemented policy and procedures for transitional care patients
- Implemented policy and procedures for tracking referrals and orders
- Generating population reports on recalled medications/doses
- Added a Referral Coordinator and RN Case Manager to the team. Patients as well as staff have voiced increased satisfaction as well as better continuity of care. Our quality markers have shown a remarkable increase since the implementation as well.
- Development of our patient registry,
- Successfully adapted the 2013 Diabetes Alliance of Idaho guidelines for our patients

Challenges

- Overcoming staff resistance to changes. In recognizing this challenge we have instituted daily huddles, monthly nurse staff meetings, and monthly provider staff meetings to enable increased communication.
- Standardizing the processes within the EMR
- Developing and Implementing Care Coordination
- Meeting NCQA recognition and amount of time required to complete and submit application

Lessons Learned

- A functioning EMR is a crucial first step.
- Education + Communication = Transformation
- This takes a lot of time, patience and open communication to plan, implement, and evaluate the process of building a medical home.
- Keep lines of communication open, encourage strong team work and have a high readiness to change
- Stay Positive
- Define job descriptions and utilize staff to their fullest potential
- Don't get discouraged. Change is HARD! You may have to change your workflow many times until you find one that works.
- Schedule core team meetings in advance AT LEAST every other week and stick to them!
- Use a pilot group to test change concepts. This makes it much easier to "perfect" the process before rolling it out to the full staff.
- Try to solicit & acknowledge input from all staff at all levels. This will help with buy in to the project. Get rid of "the hierarchy" – EVERY person is a valuable part of the team and no one person's **opinion or ideas are better or above anyone else's!**
- If we could go back to the beginning of the pilot we would spend more time educating the staff on PCMH principles, practices, and promises, etc.
- **PATIENCE:** Take it one piece at a time. Keep going!
- Everything takes much longer than one expects! Make a timeline, then double it!
- Make changes a habit and QI a priority
- "Don't be too hard on ourselves. We've been practicing medicine this way for decades. Change isn't going to happen overnight or even in a years' time."